

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 07-JUN-2010		TIME 00:15:00		2 ADDRESS OF OCCURRENCE 1430 W 83RD ST CHICAGO, IL 00838		3 LOCATION CODE 280		4 BEAT CODE 0713								
MEMBER INVOLVED	5 POSITION 9171		6 LAST NAME JOSEPHS		7 FIRST NAME PATRICK R		8 STAR NO 1448		9 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		10 RACE CODE BLK		11 HT 804		12 WT 235	
	14 (DATE OF APPL) 25-OCT-2004		15 EMPLOYEE NO		16 UNIT & BEAT OF ASSIGNMENT 007 0701		17 DUTY STATUS <input checked="" type="checkbox"/> On <input type="checkbox"/> Off		18 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		20 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		21 MEMBER INJURED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	22 LAST NAME SHIELDS		23 FIRST NAME ALAN		24 SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F		25 RACE BLK		26 DOB 21-JUN-1984		27 HT 508		28 WT 157			
SUBJECT INFORMATION	29 ADDRESS 1538 S AUSTIN BLVD CHICAGO, IL				30 TELEPHONE NO		31 WAS SUBJECT ARMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		32 SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		33 SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		34 BY WHOM?		35 CONDITION <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Not Injured	
	36 WHERE WAS MEDICAL TREATMENT OBTAINED? HOLY CROSS HOSPITAL				37 BY WHOM?		38 CONDITION <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Not Injured		39 SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		40 SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		41 BY WHOM?		42 CONDITION <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Not Injured	
	43 CHARGES PLACED				44 BY WHOM?		45 CONDITION <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Not Injured		46 SUBJECT INJURED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47 SUBJECT ALLEGED INJURY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48 BY WHOM?		49 CONDITION <input checked="" type="checkbox"/> Unconscious <input type="checkbox"/> Not Injured	
***** PLEASE SEE NEXT PAGE *****																
REASON FOR USE OF FORCE (Check all that apply)	SUBJECT'S ACTIONS		MEMBER'S RESPONSE		ASSAULT/ABUSE		ASSAULT/BATTERY		ASSAULT/INJURY		ASSAULT/DEATH FORCE		ASSAULT/DEATH FORCE		ASSAULT/DEATH FORCE	
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>	
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>		OTHER <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	MEMBER PRESENCE		OPEN HAND STRIKE		ELBOW BLOW		KNEE BLOW		KICK		FIREARM		FIREARM		FIREARM	
	VERBAL COMMANDS		TAKE DOWN / EMERGENCY HANDCUFFING		CLOSED HAND STRIKE/PUNCH		IMPACT WEAPON (Describe in Box 40)		IMPACT WEAPON (Describe in Box 40)		IMPACT WEAPON (Describe in Box 40)		IMPACT WEAPON (Describe in Box 40)		IMPACT WEAPON (Describe in Box 40)	
	EPCOT HOLE		DD CHEMICAL WEAPON		CAMER		TASER (Probe Discharge)		TASER (Contact Burn)		TASER (Spark Displayed)		TASER (Spark Displayed)		TASER (Spark Displayed)	
CASE INFO.	39 DD CHEMICAL WEAPON AUTHORIZED BY (NAME)		40 ADDITIONAL INFORMATION		41 WEAPON TYPE		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44 WEATHER CONDITIONS		45 WEATHER CONDITIONS		46 WEATHER CONDITIONS	
	POSITION		STAR NO.		UNIT		41 WEAPON TYPE		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44 WEATHER CONDITIONS		45 WEATHER CONDITIONS	
	41 WEAPON TYPE		42 INCIDENT OCCURRED		43 LIGHTING CONDITIONS		44 WEATHER CONDITIONS		45 WEATHER CONDITIONS		46 WEATHER CONDITIONS		47 WEATHER CONDITIONS		48 WEATHER CONDITIONS	
SIGNATURES	73 REPORTING MEMBER (Print Name) JOSEPHS, PATRICK R		STAR/EMPLOYEE NO. 1448		SIGNATURE		74 REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D		STAR NO. 814		SIGNATURE		DATE REVIEWED 07-JUN-2018 04:58:03		TIME	
	73 REPORTING MEMBER (Print Name) JOSEPHS, PATRICK R		STAR/EMPLOYEE NO. 1448		SIGNATURE		74 REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D		STAR NO. 814		SIGNATURE		DATE REVIEWED 07-JUN-2018 04:58:03		TIME	
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LIEUTENANT OR ABOVE/OCIC REVIEW

THE LIEUTENANT COMMANDER (LDC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIRE ARMS BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE BEHIND INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MINUTOMAN BY A DEPARTMENT MEMBER, 4) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT OR INCIDENTS THEREIN THROUGHOUT

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

76 MINUTOMAN STATEMENT REGARDING THE USE OF FORCE

☐ SNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

77 LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as presented this R/Lt believes that the officer followed all department policies, procedures, and the use of force according to the law.

77 LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO. OR NO. OBTAINED

78 LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED

TIME

08-JUN-2016 01:57:02

79 TOTAL TRIP THIS EVENT NO

3